

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 097762593		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2							52				
3							53				
4							54				
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44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND. CLAIMS 13							TOTAL IND. CLAIMS 13				
TOTAL DEP. CLAIMS 12							TOTAL DEP. CLAIMS 12				
TOTAL CLAIMS 25							TOTAL CLAIMS 25				